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(Re	questor's Name)	
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Office Use Only



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COVER LETTER

TO: Registration Division of C			
CHITATIVES	Designs LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Marco Fenandez		
		Name of Person	
	MFREX Designs LLC		
	·	Firm/Company	
	4560 SW 15 ST		
		Address	
	Miami / Florida / 33134		
		City/State and Zip Code	
	mfrexdesigns@gmail.com	(to be used for future annual report notification)	
For further information	n concerning this matter, please c	·	
Marco Fernandez		305 505 - 4644	
Name	e of Person	Area Code Daytime Telephone Number	
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified C	of Status &
<u>Mailing Addi</u> Registration	1 Section	Street Address: Registration Section	
Division of	Corporations	Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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MFREX Designs LLC		20 0 MI 0. 24
(Name of the Limited Liability (A Florida I	Company as it now appears on our recording to Company All.	ds.) AHASSEL LÍL
The Articles of Organization for this Limited Liability Colorida document number 123000058134		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limit	ed liability company here:	
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLO	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter</u>	r the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	ss
	City.	lorida

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Marco Fernandez	4560 SW 15 ST , Miami , FL , 33134	
			□Change
			□Add
			Remove
			Change
			DAdd
			□Remove
		□Add	
		□Remove	
			Change
			□Remove
			Change
		□Add	
			□Remove
			Change

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lote:	ive date, if other than the date of filing:
reco i is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
	08 / 21 / 2023
	
ated	
ated	Alas
ated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00